

**COUNTY MEDICAL SERVICES PROGRAM**  
**1800 THIRD STREET, ROOM 100**  
**P.O. BOX 942732**  
**SACRAMENTO, CA 94234-7320**  
**(916) 322-1478**



## **MESSAGE FROM THE COUNTY MEDICAL SERVICES PROGRAM**

# **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**



## **PRIVACY AND YOU**

Your health information is personal and private. The County Medical Services Program (CMSP) must keep your health information private. We get information about you when you apply for benefits. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law and how we keep your health information private and your rights.

### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

CMSP must obey the rules of this Notice. We have the right to change our privacy rules and use them with all CMSP records. If we do make changes, we will send a new Notice right away to all people in the CMSP.

*Información  
en español  
al reverso.*



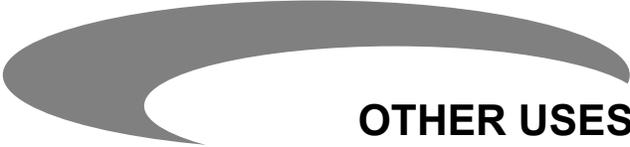
## HOW WE MAY USE AND SHARE YOUR INFORMATION

CMSP and people that work with us must obey laws on how we use and share your information. Your name, address, personal facts, the medical care you had, your medical history and your medical records can only be used and shared for reasons related to operating CMSP. Such reasons include:

- To approve eligibility and medical or dental assistance
- Establishing ways to pay for health care
- To approve, provide, and pay for medical and dental services
- To investigate or prosecute cases involving CMSP (such as fraud)

The examples below show how we may use and share your health information for treatment, payment, and health care operations:

1. **For treatment:** CMSP may need to approve in advance medical or dental care you may need. We will receive information from and share it with the necessary people to make sure you get the care you need.
2. **For payment:** CMSP and others that work with us receive, review, approve, process, and pay for health care bills sent to us for your medical or dental care. When we do this, we share information with the doctors, dentists, clinics, and others who bill us for services. We may send bills sent to us to other health plans or groups that are responsible for payment.
3. **For health care operations:** We may use your health care records to check the quality of the health care services you receive. We may also use them in audits, fraud and abuse programs, planning, and managing CMSP.



## **OTHER USES FOR YOUR HEALTH INFORMATION**

We may also send other information or notices to you about your health services.

We may be forced to give out your health information when ordered by the court. We will give out information voluntarily to a court or lawyer if it is related to operating CMSP. Such cases may involve fraud or actions to get money back from legally responsible third parties, when CMSP has paid your medical bills.

You or your doctor, dentist, hospital, etc. may appeal CMSP decisions made about bills for services for you. Your health information may be used to make decisions about an appeal.



## **WHEN WRITTEN PERMISSION IS NEEDED**

If CMSP wants to use your personal information for any reason not listed above, it will need to get written permission from you. If you give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.



## **WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?**

You have the right to:

- Ask us not to use or share your personal CMSP information in the ways described above. We may not be able to agree to your request.
- Ask CMSP to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.

## County Medical Services Program

- To see and get a copy of information that CMSP has about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. CMSP has information about your eligibility, information about your health care bills, and some medical information, which we use to approve services for you or manage your health care. You will be sent a form to fill out and will be charged a fee for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law.
- To change records if you believe some information we have about you is wrong. We may deny your request if the information is not made or kept by CMSP, or if it is already correct and complete. You may ask for a review of our refusal or send in a letter disagreeing with our decision. This letter will be kept with your CMSP records.
- When we share your health information for reasons other than your care, payment, or CMSP operations, you have the right to ask for a list of whom we shared the information with, when, for what reasons, and what information was shared.
- You have a right to get a paper copy of this Notice of Privacy Practices. You can also find this Notice on our websites at:  
[www.dhs.ca.gov](http://www.dhs.ca.gov) ; [www.dhs.ca.gov/cmosp](http://www.dhs.ca.gov/cmosp); [www.cmospcounties.org](http://www.cmospcounties.org)

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

**CMSP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS.  
IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL  
RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, CLINIC, OR  
HEALTH PLAN.**



## HOW DO YOU CONTACT US TO USE YOUR PRIVACY RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

**Privacy Officer**  
CA Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD



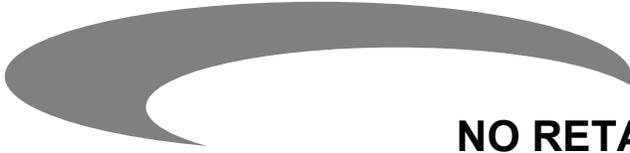
## COMPLAINTS

If you think that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

**Privacy Officer**  
CA Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD

Or

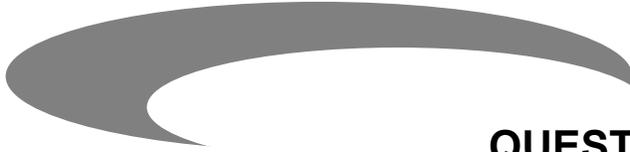
**Secretary of the U.S. Department of Health and Human Services**  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
For additional information, call (800) 368-1019  
or  
U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)  
or (866) 788-4989 TTY



## **NO RETALIATION**

CMSP cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

---



## **QUESTIONS**

If you have any questions about this Notice and want further information, please contact the Privacy Officer, at the address and phone number on page 5.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address on page 5.